

URBAN DISTRICT COUNCIL

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ABERAERON, CARDIGANSHIRE

PUBLIC HEALTH DEPARTMENT

ANNUAL REPORT 1972



MEDICAL OFFICER OF HEALTH:

W. J. St. E.-G. Rhys, M.A., M.B., B.S., B.Sc., M.R.C.O.G., D.P.H., M.F.C.M.

PUBLIC HEALTH INSPECTOR:

Mansel Hughes, M.R.S.H., M.A.P.H.I.

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ABERAERON URBAN DISTRICT COUNCIL

Chairman 1971/72

Councillor W. V. Hubbard

Chairman 1972/73

Councillor Ivor Lloyd

The Council consists of eleven members
including the Chairman

Clerk of the Council: J. Gwynne-Hughes, Esq.,
Solicitor,
Alban Square,
ABERAERON.

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To the Chairman and Members of
Aberaeron Urban District Council

PREFACE

I have pleasure in presenting the Annual Report of the Public Health Department for the year 1972.

The number of live births registered during the year was six, one less than the figure for the previous year. There were no registered stillbirths, and no infant was registered as having died during the first year of life. No woman died as a result of pregnancy, childbirth or abortion.

The number of registered deaths was twenty-three, a decrease of eighteen from the figure for 1971. Nine people died of heart disease, six of cancer and three of 'stroke'.

No notifications of the occurrence of infectious disease were received during the year. No new case of tuberculosis was notified and no person died of the disease. In order to trace all contacts of a notified case of tuberculosis, the Department works in conjunction with the local chest physician.

It was hoped to incorporate in this Annual Report for 1972, an analysis of the Vital Statistics for 1973 as well, but it has now become obvious that the Office of Population Censuses and Surveys will be unable to supply the basic information necessary for any assessment, before this Council ceases to exist as such.

Consequently this is the last Annual Report I shall have the pleasure of presenting as your Medical Officer of Health. I have attempted over the years to draw your attention to various problems affecting the public health, and on

this last occasion I would like to highlight some of those problems that are likely to be encountered in the future, against a backcloth of those that occurred in the past.

Let us then look at the conditions existing in Britain when the first Medical Officers of Health were appointed in the middle of the last century. By 1850 the Industrial Revolution was complete, and whereas in 1780, about 75 per cent of Britain's population worked on the land, by 1850 only 40 per cent did so; the rest worked in factories and existed in the disgraceful conditions brought about by the Industrial Revolution. Mothers and children slaved in industry, and many families occupied one small room, in which children witnessed birth, death and the horrors of Smallpox. Pauper children were sent by the cartload to work for 15 hours a day, 6 days a week as cheap labour in industry, and were kept in barracks near the factories.

The fear of infectious disease was real - in 1849 there were 53,000 deaths from cholera in this country. The official social conscience was nonexistent, as evidenced by the Andover Scandal in 1845, and the treatments carried out in the name of medicine and surgery are best left untold.

Against this backcloth of squalid life and merciful death, where at least 200, and often 250 children out of 1,000 born were due to die before their first birthday, and people did not hope to live beyond the age of forty, was set up the first Public Health Act of 1848, and Sir John Simon was appointed the first Medical Officer of Health of London. No one, before or since, has done more for the health of this country. The broad social outlook of his reports, the part he played in reforming the training of doctors and the methods used in the General Register Office are witnesses to the comprehensiveness of his approach to the problems of the public health. From the £2,000 a year he

received for his investigations has grown the whole organized system of medical research in Britain. He set up a Royal Sanitary Commission and for the first time emphasis was laid on prevention of pollution of water, cleanliness of dwellings, disposal of refuse and smoke, inspection of food, the burying of the dead without injury to the living and registration of sickness and death.

The introduction of compulsory education in 1871 meant that young children could no longer be sent out to work to earn money, but had to be maintained by their parents until school-leaving age - as a result the birth rate (35 per 1,000 population in 1871) started to fall and, apart from a rise associated with the second world war, has continued to fall each year ever since, until in 1972 it was only 15 per 1,000 population. However during this hundred year period the population of England and Wales has doubled from 24 million in 1871, to 49 million in 1972. This paradox is the result of the corresponding fall in infant mortality per 1,000 live births, from 149 in 1871 to 17 in 1972, and the concomitant decline in death rate per 1,000 living, from 21 in 1871 to 12 in 1972.

Slowly the reforms of the 19th century began to take effect, so that by the early years of this present century the country was ready to accept the broad social policies of Mr. Lloyd George - it is salutary to realize that the 10s. Od. a week benefit paid to a sick man in 1911 represented a higher proportion of the average wage, and more purchasing power than the amount paid today.

The Ministry of Health was formed in 1919, and soon inaugurated maternity and child care clinics and campaigns against infectious diseases. It was almost inevitable that this medical and social reform should gain momentum, and culminate in the National Health Service Acts of 1946 and 1973.

Let us now look at some of the present and future problems against this sketchily painted backcloth of the past. One of the most important problems

that will face us in the future will be the problem of old age. At the beginning of this century only 4 per cent of the population in Britain was over 65 years of age, now 13 per cent are over 65 and in 1990, 17 per cent will be over 65. It is heartening to realize that only 3 per cent of people over 65 years of age are at present in homes for the aged, the vast majority continuing to live in their own community receiving support from their families. However, as families in this country continue to get smaller and smaller, and the number of old people continues to get bigger and bigger, the real problem of loneliness in old age will loom larger and larger, as there will be fewer and fewer middle aged people to care for more and more elderly people in their own homes, and the percentage of old people in homes for the aged will unfortunately rise. However it is our duty to provide services and support to enable the elderly person, who is otherwise healthy, and wishes to spend the evening of her life at her own familiar hearth, to do so, and when her time comes, let the place be her own loved home. I use the word 'her' advisedly because women live longer than men - in fact for every 1,000 women over 75 years of age in this country in 1972, there were only 457 men.

In Cardiganshire we have already reached the projected figure, for the year 1990 in Britain, of 17 per cent of people over 65 years of age, according to a comprehensive survey carried out in 1973 by the Director of Social Services. It is interesting also to note from this survey that, according to the elderly themselves, far and away the most popular of all the services provided for them, is the Domiciliary Library Service which was inaugurated many years ago by our own County Librarian.

If the problems of ageing concern us, so also should the problems of maintaining the quality of life. Because our cities and towns are so large

they, like the dinosaurs, are nonviable, and so satellite towns are built, but these are palliative only, and so the cancer of urbanization spreads into what is left of the countryside proper, converting it into an urban slum (or 'slurb'). This has happened in the United States of America, where an area of countryside, equal in size to Britain, lying between Boston and Washington has already been converted into one enormous slurb.

The people who live in the nonviable cities and industrial towns, attempt to move away from the polluted atmosphere they have created, in order to preserve what is left of their physical health, and they move into the surrounding country villages, which they "develop" into the concrete jungles called dormitory towns, which breed not physical, but psychiatric illness, due to the complete absence of community life. The need to escape from all this, results in a recurring movement of population out from the dormitory housing estates into the unspoilt ("undeveloped") countryside, with the inevitable consequence that "development" occurs in the form of huge caravan sites and holiday villages, complete with all the paraphernalia that appears to be necessary to urban existence, as opposed to urbane living. These population movements will increasingly pose very real public health problems, as more and more hitherto unsullied rivers and streams become polluted, and it is true to say that the Affluent Society is fast becoming an Effluent Society which is destroying our environment.

Another problem to consider is the changing pattern of disease. A hundred years ago most people in this country breathed pure air, but drank polluted water. They died of nutritional and infectious diseases, which were associated with poverty and fatigue. Nowadays most people in this country drink pure water, but breathe polluted air. They die of coronary heart disease, cancer

or 'stroke', which have been called the diseases of affluence in our car-borne, smoking, overfed, centrally heated, automated, leisure-ridden society, where boredom with its associated psychiatric disturbances, has replaced fatigue with its associated somatic disturbances.

It is interesting to speculate about the diseases of the future. The introduction of more detergents and synthetics may cause new diseases of allergy, further advances in chemotherapy may lead to the emergence of new resistant strains of disease - causing organisms, new drugs may cause new toxic states, the increasing use of new insecticides and the further sophistication of food-stuffs may lead to new metabolic diseases and ionizing radiation may cause new forms of cancer.

It is a sobering thought that good advice given many centuries ago cannot be bettered today. In the 5th century B.C., Hippocrates, the father of medicine, advised moderation in eating and drinking. Galen (130-200 A.D.) emphasized the effect of social conditions on health, and concluded that physical work short of fatigue, the enjoyment of sun and fresh air, a moderate diet and the pleasant exercise of the mind in conversation were all beneficial to health. This same advice echoes down through the centuries to us today from our own Physicians of Myddfai, who said in the 12th century "Tri chymelroldeb a berant hir oes - ym-borth, llafar a nyfyrdod".

Hippocrates wrote two and a half thousand years ago "It is changes that are chiefly responsible for diseases" and this remains true today. Total environment affects disease patterns, and since we are rapidly destroying our own environment, we are in danger of becoming the cancer of our own country and destroying ourselves at the same time.

Whereas a hundred years ago, one was ill because one was poor, today one is more likely to be ill because one is rich, and there appear to be grounds now, as far as health is concerned, for advocating a mode of life which embraces a medically orientated puritanism.

A more detailed account of the work of the Public Health Department, including a portion by the Public Health Inspector, will be found in the following pages.

At Gadeirydd ac Aelodau Cyngor Dostbarth
Trefol Aberaeron.

GWALD

Pleser imi yw cyflwyno Adroddiad Blynnyddol yr Adran Iechyd Cyhoeddus am y flwyddyn 1972.

Cafodd chwech a anwyd yn fyw eu cofrestru yn ystod y flwyddyn, un yn llai na'r nifer am y flwyddyn cynt. Ni chofrestrwyd un marw-anedig a ni bu farw un baban yn ystod y flwyddyn gyntaf o fywyd. Ni bu farw un fenyw am ei bod yn feichiog, nac wrth eni plentyn neu wrth erthylu.

Cofrestrwyd dau-ddeg-tri o farwolaethau, deunaw yn llai na'r nifer am 1971. Bu farw naw o glefyd y galon, chwech o'r cancer a tri o'r strôc.

Ni dderbynwyd llysbysiad o unrhyw achos o glefyd heintus yn ystod y flwyddyn. Nodwyd ddim un digwyddiad newydd o'r ddarfodedigaeth yn ystod y flwyddyn ac ni bu farw un person o'r clefyd hwn. Er mwyn dod o hyd i bob person a fu mewn cyffyrddiad a'r achos gwybyddus o'r ddarfeddedigaeth y mae'r Adran yn cydweithredu a'r arbenigwr lleol yn y maes hwn.

Gobeithiwyd cyfuno yn yr Adroddiad Blynnyddol hwn am 1972 ddadansoddiad o'r ystadegau hanfodol am 1973 yn ogystal, ond bellach mae'n gwbl amlwg na all y Swyddfa Cyfrifiad ac Arolwg Poblogaeth roi'r wybodaeth sylfaenol a gennhediol ar gyfer unrhyw ddadansoddiad cyn y daw'r Cyngor presennol hwn i ben.

O ganlyniad, dyna'r adroddiad olaf y caf y pleser o'i gyflwyno fel eich Swyddog Iechyd. Ceisiais ar hyd y blynnyddioedd dynnu eich sylw at nifer o broblemau a oedd yn dylanwadu ar iechyd cyhoeddus, ac ar yr achlysur olaf hwn hoffwn amlygu rai o'r problemau y deuir wyneb yn wyneb a hwy yn y dyfodol, a meddwl amdanyst yng nghefndir problemau'r gorffennol.

Gadewch i ni felly edrych ar y sefyllfa ym Mhrydain yng nghanol y ganrif ddiwethaf pan gafodd y Swyddogion Iechyd cyntaf eu hapwyntio. Erbyn 1850 roedd y Chwyldro Diwydiannol yn gyflawn, a thra roedd saith-deg-pump y cant o boblo-gaeth Prydain ym 1780 yn gweithio ar y tir, dim ond pehwar-deg y cant a wnai hynny erbyn 1850; gweithiai'r gweddill mewn diwydiant a byw dan amodau gwarthus a ddaeth yn sgil y Chwyldro Diwydiannol. Llafuriai momau a phlant mewn diwydiant, a gorfodid llawer o deuluoedd i fyw mewn un ystafell fechan lle roeddi y plant yn llygad - dystion o enedigaeth, marwolaeth a'r frech wen. Cludwyd llwythi o blant y tlodion mewn ceirt i weithio'n rhad am bymtheg awr y dydd a chwe niwrnod yr wythnos mewn diwydiant, ac fe'u lletywyd mewn gwersylloedd mil-wrol gerllaw'r ffatrioedd.

Roedd arswyd rhag afiechyd heintus yn beth byw iawn - yn 1849 bu 53.000 farw o golera yn y wlad hon. Dengys yr Andover Scandal yn 1845 absenoldeb llwyr unrhyw gydwybod gymdeithasol swyddogol, a gwell fyddai peidio a son am driniaethau a weinyddwyd yn enw meddygaeth a llawfeddygaeth.

Yn erbyn y cefndir hwn o fywyd aflen a marwolaeth drugarog, pan ddisgwylid i o leiaf 200 ac yn aml 250 o blant allan o bob mil a anwyd, i farw cyn eu pen-blwydd cyntaf, a lle nad oedd cbaith i bobl fyw dros ddeugain oed, y cafwyd y Ddeddf Iechyd Cyhoeddus gyntaf yn 1843 a phenodwyd Syr John Simon yn Swyddog Iechyd cyntaf Llundain. Ni wnaeth neb, na chynt na wedyn, fwy dros iechyd y wlad hon. Mae rhagolwg cymdeithasol eang ei adroddiadau, y rhan a chwaraeodd mewn diwygio hoffordiant meddygon, a'r dulliau a dlefnyddid yn y Prif Swyddfa Gofrestru yn fynegiant o'i agwedd gynhwys fawr tuag at broblemau Iechyd Cyhoeddus. O'r £22,000 a dderbyniodd i noddi ei ymchwiliadau y tyfodl holl drefn ymchwil feddygol ym Mhrydain. Sefydlodd Gomisiwn Iechyd Brenhinol, ac am y tro cyntaf rhoddyd pwyslais ar atal halogi dwr, glendid tai annedd, cael gwared ar

sbwriel a mwg, archwilio bwyd, claddu'r meirw heb wneud xiwed i'r byw, a chof-restru afiechyd a marwolaeth.

Yn 1871 daeth addysg orfodol i rym a golygai hyn na ellid mwyach anfon plant allan i ennill, a'i bod yn ofynnol i'w rhieni eu cadw tan iddynt gyrraedd oedran gadael ysgol. Canlyniad hyn oedd i nifer y genedigaethau (a oedd yn 35 y 1,000 poblogaeth yn 1871) ddisgyn yn gyson bob blwyddyn, ar wahan i godiad a gysylltir a'r Ail Byfelin Byd, tan 1972 pan nad oedi ond 15 y 1,000 poblogaeth. Er hynny, yn ystod y can mlynedd hyn bu i boblogaeth Cymru a Lloegr ddyblu o 24 miliwn yn 1871 i 49 miliwn yn 1972. Gellir egluro'r gwrthgyferbyniad hwn yn wyneb y lleihad cyfatebol a fu yn nifer marwolaethau plant yn ol y 1,000 o enedigaethau byw o 149 yn 1871 i 17 yn 1972, a'r lleihad cyson yn nifer y marwolaethau o 21 yn 1871 i 12 yn 1972 y 1,000 poblogaeth.

Yn araf, teimlwyd effaith diwygiadau'r G9edd, nes bod y wlad yn barod erbyn Blynnyddoedd cynnar y ganrif hon i dderbyn polisiau cymdeithasol eangfrydig Mr. Lloyd George - mae'n ddiddorol i ni sylwi fod y budd-dal o chweugain a delid i ddyn tost yn 1911 yn cynrychioli cyfran uwch o'r gyflog gyffredin, ac yn uwch ei gwerth ar y farchnad na'r swm a deli'r heddiw.

Yn 1919 sefydlwyd y Weinyddiaeth Iechyd, ac yn fuan wedyn glinigau a gofal dros famau a phlant a'i ymgyrchoedd rhag afiechydol heintus. Roedd hi'n anochel i'r diwygiadau meddygol a chymdeithasol hyn ennill grym a chyrraedd eu hanterth yn neddfeu Swasanaethau Symdeithasol 1946 a 1973.

Gadewch i ni'n awr edrych ar rai o broblemau'r presennol a'r dyfodol yng nghefndir yr amlinelliad bras a gafwyd o'r gorffennol. Un o'r problemau pwy-sicaf a fydd yn ein hwynebu i'r dyfodol fydd problem yr henoed. Ar ddechrau'r ganrif hon dim ond pedwar y cant o boblogaeth Prydain oedd dros 65 oed, ac yn 1990 fe fydd dau-ar-bymtheg y cant dros 65. Mae'n galonogol sylwi mai dim ond

tri y cant o'r bobl dros 65 oed sydd ar hyn o bryd mewn cartrefi henoed a'r mwyafrif llethol yn dal i fyw yn eu cymdogaeth eu hunain ac yn cael eu cynnal gan eu teuluoedd. Beth bynnag, am fod teuluoedd y wlad hon yn mynd yn llai ac yn llai, a nifer yr henoed yn mynd yn fwy ac yn fwy, fe fydd gwir broblem unigrywol henaint yn cynyddu, oherwydd ceir llai a llai o bobl canol oed i ofalu am fwy a mwy o henoed yn eu cartrefi eu hunain, ac yn anffodus fe gyfyd cyfar-taledd nifer yr hen bobl mewn cartrefi henoed. Serch hynny, ein dyletswydd ni yw sicrhau gwasanaethau i alluogi i'r person oedrannus iach sy'n dymuno Treulio hwyrnos bywyd ar ei haelwyd gyfarwydd hi ei hun fedru gwneud hynny, a phan ddaw angen, y gelyn olaf heibio bydded iddi gael ffarwelio a'r ddaear hon o'i han-wyl gartref ei hun. O fwriad defnyddiof y rhagenw "hi" oblegid mae gwragedd yn byw yn hwy na dynion - fel mater o ffaith am bob 1,000 o wragedd dros 75 oed yn y wlad hon yn 1972, nid oedd ond 457 o iddynion.

Yn Sir Aberteifi, yr ol arolwg cynhwysfawr Cyfarwydwr y Gwasanaethau Cyndeithasol am 1973, rydym eisoes wedi cyrraedd yr amcangyfrif dros Brydain am y flwyddyn 1990, sef dau-ar bymtheg y cant dros 65 oed. Mae'n ddiddorol sylwi hefyd ar un ffaith arall sy'n deillio o'r arolwg hwn sef bod yr henoed, yn ol eu tystiolaeth hwy eu hunain yn ystyried mai un o'r gwasanaethau mwyaf poblogaidd o bell ffordd o'r rhai a gynigir iddynt yw'r Llyfrgell Deithiol, a gychwynwyd gan Llyfrgellydd y Sir hon. flynyddoedd maith yn ol.

Os ydy problem mynd yn hen yn ein poeni ni, yna fe dylai'r broblem o dliogelu ansewdd bywyd ein poeni ni hefyd. Am fod ein dinasedd a'n trefi mor fawr, maent fel y dinosors, yn anhyfyn, neu'n anabl i fodoli, felly adeiledir cylchdrefi, ond dim ond lliniaru dipyn ar bethau a wnat hwy felly mae'r cancer trefoli yn ymledu i'r hyn sy'n weddill o gefn gwlad a'i weldnewid yn slym tre-fol. Fe diigwyddodd hyn eisoes yn America lle cafodl darn o gefngwlad rhwng Boston a Washington sy'n gyfartal o ran maint a Phrydain ei droi'n un slym en-fawr.

Ceisiau poblogaeth y dinasoedd a'r trefi anhyfyn synud alian i'r pentrefi gwledig cyfagos i fyw er lles ac iechyd corfforol gan droi eu cefnau ar yr amgylchfyl a halogwyd ganddynt hwy eu hunain. "Datblygid" y pentrefi yn faes-drefi sy'n ddim amgenach nag anialdir concrit sy'n magu nid afiechydon corfforol onl afiechydon seiciatryddol cherwydd nas ceir ynddynt unrhyw fywyd cymdeithasol yn yr angen i ddianc rhag hyn mae'r boblogaeth yn synud allan o'i maestrefi i'r wlad nas "datblygwyd" na'i halogi, gyda'r canlynied anochel y gwelir "datblygiad" ar ffurf meysydd carafanialu helaeth a phentrefi gwyliau sy'n llawn o'r paraffanalia a ystyrir yn angenrheidiol i fywyd trefol, ond sy'n holol wrthun i fywyd gwar. Fe grea'r synudiadau cyson hyn mewn poblogaeth broblemau dyrys mewn iechyd cyhoeddus, cherwydd wrth i'r Gymdeithas Foethus hon halogi afonydd a ffrydieu oedd gynt yn anllygredig try'n gymdeithas esgeulus sy'n dinistrio'n hamgylchfyd.

Problem arall i'w hystyried yw'r newid ym mhatriwm afiechyd. Gan mlynedd yn ol roedd y mwyafrif o bobl y wlad hon yn anadlu awyr bur, ond yn yfed dŵr brwnt. Roedlent yn marw o afiechydon heintus a maethlon a gysylltid a thlodi a gwendid. Heddîw, yf mwyafrif o bobl y wlad hon ddŵr pur, ond anadlant awyr wedi ei lygru. Maent yn marw o afiechydon y galon y cancer neu stroc. Disgrif-iwyd yr afiechydon hyn yn afiechydon y goludlawn mewn cyndeithas sy'n moduro yn smocio ac yn gorfwyta, gyda'i gwres canolig a'i bywyd hunanysgogol a gorniodedol o oriau hanidol. Yn lle blinder a gysylltir ag afiechydon corfforol, ceir diflastol a gysylltir ag afiechyd meddyliol.

Mae'n ddiddorol dyfalu beth fydd afiechydon y dyfodol. Fe all rhoi ar y farchnad ragger o lanedyddion a synthetigion greu afiechydon alergol newydd, fe all datblygiadau pellach mewn cemotherapeg greu mathau newydd o afiechydon sy'n gwrtsefyll unrhyw foddion ac achosi organebau, fe all drygiau newydd wenwyno, fe all y defnydd cynyddol ar bryfleiddiadau a'r llygru pellach ar

fwydydd arwain i afiechydon metabolig, a gall pelydredd ionig achesi mathau newydd o ganer.

Fe'n sobrir o gofio na ellir gwella ar y cyngor da a roddwyd lawer canrif yn ol gan Hippocrates, tad meddygaseg, yn y pumed ganrif, ar i ni fod yn gymhedrol wrth fwyta ac yfed. Pwysleisiodd Galen (130 - 200 O.C.) effaith amodau cymdeithasol ar iechyd a dyfarnodd fod gwaith corfforol heb ornod o flinder, mwynhau haul ac awyr iach, bwyta cymhedrol a sgwrs i hogi'r meddwl, yn llesol i iechyd. Daeth yr un neges i lawr atom drwy'r canrifoedd, a chawn Fedlygon Nyddfai yn y deudlegfed ganrif yn dweud; "Tri chymedroldeb a barant hir oes - yrborth, llafar a myfyrdod".

Ddwy fil a hanner o flynyddoedd yn ol sgrifennodd Hippocrates; "It is changes that are chiefly responsible for diseases", a deil hyn yn wir heddiw. Mae'r amgylchfyd cyfan yn effeithio ar batrymau afiechyd a chan ein bod yn cyf-lym ddinistrio ein hamgylchfyd ein hunain, rydym mewn perygl o ddifrodi ein gwlad a dinistrio ein hunain yr un pryd.

Gan mlynedd yn ol ceid afiechyd ochr yn ochr a thlodi, ond heddiw y cyfaethog sy'n fwyaf tebygol o fod yn afiach, ac ymddengys fod yna le mawr i ddadlau cyn belled ag y mae iechyd yn y cwestiwn y dylai meddygaeth amlygu ffordd biwritanaidd o fyw.

Gwelir adroddiadau mwy manwl o waith yr Adran Iechyd Cyhoeddus sy'n cynnwys darn gan yr Arolygwr Iechyd Cyhoeddus yn y tudalennau canlynol.

(1)

VITAL STATISTICS

		1970	1971	1972
1. <u>LIVE BIRTHS</u>				
Total ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	14	7	6
	Legi: ..	12	7	5
	Illeg: ..	2	0	1
Rate per 1,000 population (crude) ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	11.8	5.4	4.7
Rate per 1,000 population (adjusted) ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	14.4	6.6	6.9
Rate per 1,000 population England and Wales ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	16.0	16.0	14.8
Illegitimate live births per cent of total live births	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	14	0	17
2. <u>STILLBIRTHS</u>				
Total ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	0	0	0
	Leg: ..	0	0	0
	Illeg: ..	0	0	0
Rate per 1,000 live and stillbirths ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	0	0	0
Rate per 1,000 live and stillbirths England and Wales	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	13	12	12
3. <u>TOTAL LIVE AND STILLBIRTHS</u>	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	14	7	6
4. <u>PERI-NATAL DEATHS</u> (Stillbirths plus early neo-natal deaths)				
Total ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	1	0	0
	Leg: ..	0	0	0
	Illeg: ..	1	0	0
Rate per 1,000 total live and stillbirths ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	71	0	0
5. <u>EARLY NEO-NATAL DEATHS</u> (deaths under one week)				
Total ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	1	0	0
	Leg: ..	0	0	0
	Illeg: ..	1	0	0
Rate per 1,000 total live births ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	71	0	0
6. <u>NEO-NATAL DEATHS</u> (deaths under four weeks)				
Total ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	1	0	0
	Leg: ..	0	0	0
	Illeg: ..	1	0	0
Rate per 1,000 total live births ..	.. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..	71	0	0

(S)

1970 1971 1972

7. INFANT DEATHS (deaths under one year)

Total ..	..	..	..	..	..	..	..	..	..	1	0	0
										Leg:	0	0
										Illeg:	1	0
Rate per 1,000 total live births	..	..	..	..	..	..	..	..	..	71	0	0
Legitimate infant deaths per 1,000 legitimate												
live births	..	..	..	..	..	..	..	..	..	0	0	0
Illegitimate infant deaths per 1,000 illegitimate												
live births	..	..	..	..	..	..	..	..	..	500	0	0

8. MATERIAL DEATHS (including abortion)

Number of deaths	..	..	..	..	..	..	..	..	..	0	0	0
Rate per 1,000 total live and stillbirths	..	..	..	..	..	..	..	..	..	0	0	0

DEATHS

Total ..	..	..	..	..	..	..	..	..	..	30	41	23
Rate per 1,000 population (crude)	..	..	..	..	..	..	..	..	..	25.2	31.5	18.0
Rate per 1,000 population (adjusted)	..	..	..	..	..	..	..	..	..	17.1	21.4	10.3
Rate per 1,000 population England and Wales	11.7	11.6	12.1

Area comparability factor for births	1.22	1.22	1.47
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Area comparability factor for deaths	0.63	0.63	0.57
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POPULATION STATISTICS

Area (in acres)	388
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Population (census 1961)	1,209
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Population (Registrar General's Estimated Mid-Year Population for 1972)	1,280
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(3)

CAUSES OF DEATH

(Headings with no deaths allocated are omitted)

<u>Causes of Death</u>	<u>Number of Deaths</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Malignant Neoplasm, Stomach	2	-	2
Malignant Neoplasm, Intestine	-	2	2
Malignant Neoplasm, Lung, Bronchus	1	1	2
Chronic Rheumatic Heart Disease	-	1	1
Ischaemic Heart Disease	4	4	8
Cerebrovascular Disease	1	2	3
Other Diseases of Circulatory System	-	-	1
Intestinal Obstruction and Hernia	1	1	2
Diseases of Musculo-Skeletal System	-	1	1
All Other Accidents	-	1	1
TOTAL:	9	14	23

INFECTIOUS DISEASES

The following is a list of the notifications of infectious disease, other than tuberculosis, received during the year:-

(5)

TUBERCULOSIS

The following table shows the sex and age distribution of the new cases notified during the year:-

AGE GROUP	RESPIRATORY		NON-RESPIRATORY	
	Male	Female	Male	Female
5 - 14	-	-	-	-
15 - 24	-	-	-	-
25 - 44	-	-	-	-
45 - 64	-	-	-	-
65 +	-	-	-	-
TOTAL	-	-	-	-

SECTION 47 OF THE NATIONAL ASSISTANCE ACT 1948

No action was required to be taken under this section during the year.

GENERAL PROVISION OF PREVENTIVE PERSONAL HEALTH SERVICES IN THE AREA

These remain essentially the same as in previous years and are under the control of the County Council.

J. J. St. E.-G. RMHS

MEDICAL OFFICER OF HEALTH

REPORT OF THE PUBLIC HEALTH INSPECTOR
ON THE ENVIRONMENTAL CONDITIONS WITHIN THE URBAN DISTRICT
FOR THE YEAR ENDED DECEMBER 1972

GENERAL STATISTICAL INFORMATION

Commercial Premises

Recreational Premises

Educational Premises.

Places of Worship

Miscellaneous

HOUSING

PRIVATE SECTOR

Housing Act 1969

The number of applications for grant aid has increased during the year, and has contributed greatly to the improvement of housing standards in the area. It has, however, heightened the need for a comprehensive planned improvement by the setting up of improvement areas, whereby the character of this architecturally delightful town can realize its full potential by providing the housing standards required without destroying any of its architecture, as is slowly happening with the ad hoc additions of flat roofed rear additions, which cause problems of congestion at the rear, and complaints of loss of light.

Application for Improvement Grants

Application for Standard Grants

Housing Act 1969 (Part III)

Applications received 11 12 13 14 15 16 17 18 19 20 21 22 Nil

Certificates of Provisional Approval

PUBLIC SECTOR

Schedule of Local Authority Housing Stock 1972

Location	Type of Dwelling			Coding	No.	Totals	Year of Construction
	House	Bungalow	Flat				
Oxford Street	3 bed 3 bed			3HE5K *	3	6	1943 1943
Wellington Gardens	3 bed			3HS5K *	7	7	1950/51
Chalybeate Gardens	3 bed 3 bed 3 bed 3 bed			3HE5K * 3HT5K * 3HM5K * 4ES5K	6 4 1 2	13	1952/53 1952/53 1952/53 1965
Penmaesglas	3 bed			3HS5K *	12	12	1955/56
Cylch Aeron	3 bed 3 bed	2 bed	1 bed	4FX8K 4B83K 4AE4K 4TF4K	4 2 2 6	14	1965 1965 1965 1965
Brynmor	3 bed 3 bed		1 bed 2 bed	4FX2K 4FX3K 4HE4C 4TF4C	2 10 6 7	25	1967/68 1967/68 1967/68 1967/68
						77	

Oxford Street Estate

All items of disrepair reported were attended to.

Wellington Gardens

All items of disrepair reported were attended to.

Chalybeate Gardens

The remaining defective Belfast sinks were replaced by stainless steel sink tops and units

Many items of disrepair and dampness were attended to.

Penmaesglas

The defective Belfast Sinks were replaced by stainless steel tops and units.

All items of disrepair reported were attended to.

Cylch Aeron

All items of disrepair reported were attended to.

Brynmor Estate

All items of disrepair reported were attended to.

BUILDING REGULATIONS 1965

Number of plans deposited ..	..	..	..	..	..	..	..	..	..	..	..	..	65
Number of plans approved ..	..	..	..	..	..	..	..	..	..	..	..	..	65
Number of sites visited prior to approval ..	..	..	..	..	..	..	..	..	..	..	..	..	73
Number of visits to sites during course of construction ..	..	..	..	..	..	..	..	..	..	..	..	..	85
Number of new dwellings completed (Private) ..	..	..	..	..	..	..	..	..	..	..	..	..	1
Number of new dwellings completed (Local Authority) ..	..	..	..	..	..	..	..	..	..	..	..	..	Nil

SEWERAGE AND SEWAGE DISPOSAL

The town is served by a partially combined system of surface and soil sewers which discharge to a trunk sewer draining both the town and properties in the Aeron Valley, administered by the Aberaeron Rural District Council. These include the Milk Marketing Board's creamery at Felinfach.

The trunk sewer discharges as a sea outfall below low water mark, on the North Beach. This has proved reasonably satisfactory to date, but only time will tell if the connections now being made within the Rural District Council area will result in pollution being experienced within the Urban District Council area.

The system in the town has proved satisfactory generally, the two inverted syphons under the harbour, draining the south side of the town have not given rise to concern due to blockage of the pipes by grit since the construction of the detritus chamber.

PUBLIC CLEANSINGRefuse Collection and Disposal

The town refuse is collected once weekly by the hiring of a dustless collection vehicle from the Rural District Council. The Council's staff carry out all loading.

The refuse is deposited at the Rural District Council's excellently controlled tip at Rhudeinon, Llanarth.

It has been found necessary, due to the increase in bulk of trade refuse, to initiate a special trade refuse collection in addition to the general collection, and this is undertaken on request at a fee of 25 pence per property, per collection. This extra collection continues to be widely acclaimed by the trades-people.

Street Cleansing

All classified and other roads are regularly cleaned by hand brushing. Additional litter bins have been strategically placed between the local Grammar School and the towns various gastronomic and literary establishments. This has greatly improved the appearance of the towns streets during the school term.

Civic Amenities Act

During the year the removal of several abandoned vehicles was effected by informal action after steps had been taken to locate the various owners.

PUBLIC HEALTH ACTS 1936 - 1961

Number of complaints received	15
Number of complaints investigated	15
Number of informal notices served	3
Number of nuisances abated	3

PUBLIC CONVENiences

There are three public conveniences in the town situated at:

Castle Lane
Quay Parade
South Beach

These were repaired, painted and maintained in a thoroughly clean state during the year.

MORTUARY FACILITIES

Permission has been obtained from the Mid-Wales Hospital Management Committee for the use of the facilities at the Aberaeron General Hospital, should they be required.

HARBOUR

Smell Nuisance

During the past year only minor complaints have been received regarding the obnoxious odour which under certain climatic and physical conditions, emanates from the harbour area.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960
CARAVAN SITES ACT 1960

Number of licensed sites	1
Number of caravans	130
Number of inspections	16

Touring caravans have once again presented a problem to the district, and their presence has necessitated action to remove caravans from unauthorised locations.

It might be argued that there are too few authorised touring caravan sites in the surrounding area, as people who have not taken the trouble to book in advance in licensed sites, found it difficult to find suitable alternative accommodation.

During the year action was also taken to remove certain other nomadic caravan dwellers from Council owned property. These people moved on reluctantly, but left the usual debris of their calling, which had to be cleared by Council workmen.

FOOD AND DRUGS ACTS AND REGULATIONS

The standard of food premises in the area continues to rise, apart from one or two notable exemptions, and there has been no cause for serious action during the year.

List of Food Premises in the District

Food Hygiene (Markets, Stalls and Delivery Vehicles)
Regulations 1966

Premises Registered for the Storage and Sale of Ice-Cream

Food Surrendered as Being Unfit for Human Consumption

Milk and Dairies (General) Regulations 1959

Most milk sold in the district has been pasteurised and control of raw milk supplies is undertaken in conjunction with the Rural District Council of Aberaeron. The samples taken this year show:-

Brucella Abortus - Not isolated Antibiotics - No trace

Liquid Egg (Pasteurisation) Regulations 1963

Number of Egg Pasteurising Plants within district Nil
Number of liquid egg samples submitted to Alpha-anhydrous test .. Nil

Water Supply

The Cardiganshire Water Board is responsible for the water supply in the area and their records show that regular sampling for chemical and bacteriological examination was carried out and that all necessary adjustments were made to the filtration and sterilisation processes when required.

No plumbago solvency was detected in the supply.

PREVENTION OF DAMAGE BY PESTS ACT 1949

Number of visits as the result of notification 23
 Number infested by rats 19
 Number infested by mice 4

All types of premises were visited and where necessary advice given and poison baiting carried out.

All infestations were treated by the Council's Rodent Operator and no evidence of warfarin resistance was discovered.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963REGISTRATION AND GENERAL INSPECTIONS

Class of Premises (1)	Number of premises newly registered during the year (2)	Total number of registered premises at end of year (3)	Number of registered premises receiving one or more general inspections during the year (4)
Offices	3	29	23
Retail shops	-	23	20
Wholesale shops, warehouses	-	1	1
Catering establishments open to the public, canteens	-	3	3
Fuel storage depots	-	-	-
TOTALS	3	56	47

NUMBER OF VISITS OF ALL KINDS (INCLUDING GENERAL INSPECTIONS)
TO REGISTERED PREMISES

.....74.....

FACTORIES ACT 1961PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by the Public Health Inspector)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
1. Factories in which Section 1,2,3,4 & 6 are to be enforced by Local Authorities	-	-	-	-
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	11	11	-	-
3. Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
TOTAL	11	11	-	-

2. Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found					Number of cases in which prosecu- tions were in- stituted (6)	
	Found (2)	Remedied (3)	Referred				
			to H.M. Inspector (4)	by H.M. Inspector (5)			
Want of Cleanliness (S.1)	Nil	Nil	Nil	Nil		Nil	
Overcrowding (S.2)	Nil	Nil	Nil	Nil		Nil	
Unreasonable tem- perature (S.3)	Nil	Nil	Nil	Nil		Nil	
Inadequate venti- lation (S.4)	Nil	Nil	Nil	Nil		Nil	
Ineffective drainage of floors (S.6)	Nil	Nil	Nil	Nil		Nil	
<u>Sanitary Conveniences</u> (S.7)							
(a) Insufficient	Nil	Nil	Nil	Nil		Nil	
(b) Unsuitable or defective	Nil	Nil	Nil	Nil		Nil	
(c) Not separate for sexes	Nil	Nil	Nil	Nil		Nil	
Other offences against the Act (not including offences relating to out- workers)	Nil	Nil	Nil	Nil		Nil	
TOTAL	Nil	Nil	Nil	Nil		Nil	

(16)

3. There are no outworkers registered in the district.

I wish to thank the Council members and staff for their appreciated support during the year.

MANSEL HUGHES
PUBLIC HEALTH INSPECTOR

Public Health Department,
26 Alban Square,
ABERAERON.

